

*W. Brunson*

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**JUN**

1. TRANSMITTAL NUMBER:  
02-004

2. STATE  
IDAHO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
May 1, 2002

**JUN 14**

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
Balanced Budget Act of 1997; Section 4714

7. FEDERAL BUDGET IMPACT:  
a. FFY 2002 \$ -1,632,080  
b. FFY 2003 \$ -1,632,080

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 1 and Supplement 1 to Attachment 4.19-B,  
page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, page 1 and Supplement 1 to Attachmen  
4.19-B, page 2

10. SUBJECT OF AMENDMENT: Payment of Medicare Part B deductible and coinsurance is limited to up to the Medicaid allowed amount.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Karl B. Kurtz*

13. TYPED NAME:  
KARL B. KURTZ

14. TITLE:  
Director

15. DATE SUBMITTED June 7, 2002

16. RETURN TO:

Joseph R. Brunson, Administrator  
Idaho Department of Health and Welfare  
Division of Medicaid  
PO Box 83720  
Boise ID 83720-0036

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **JUN 14 2002**

18. DATE APPROVED: **JUN 27 2002**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

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21. TYPED NAME:

*Burnee Butterfield*

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:

DIVISION OF MEDICAID AND STATE HEALTH INSURANCE

Page 1.

Minimum payment to noninstitutional providers of services for individuals eligible for Medicare and Medicaid is Medicare's paid amount limitation. Medicaid is responsible only for the deductible and coinsurance, up to the Medicaid allowed amount.

Establishment of payment rates for the following types of care are provided under the program:

1. Inpatient Hospital Services-Refer to Attachment 4.19-A.
2. a. Outpatient Hospital Services. Outpatient hospital services must be provided on-site. Covered outpatient services and items by the Department will be paid in behalf of Medical Assistance clients at the lesser of customary charges or the reasonable cost of inpatient services and in accordance with the upper payment limits specified in Chapter 42 of the Code of Federal Regulations Section 447.321. The upper limits observed by the Department in reimbursing each individual hospital must not exceed the payment that would be determined as a reasonable cost under the policies, definitions and procedures observed under Medicare (Title XVIII) principles of cost reimbursement.
  - i. Payment to hospitals for clinical diagnostic laboratory tests rendered to outpatients and nonpatients will be paid at a rate not to exceed Medicare's fee schedule for each of those types of services. Exceptions included in Section 2303 (d) of the Deficit Reduction Act will be paid at a rate not to exceed the Department's Medical Assistance Unit, or its successor's, fee schedule.
  - ii. Hospital Outpatient Surgery. Those items furnished by a hospital to an outpatient in connection with Ambulatory Surgical Center must be surgical procedures covered by Idaho Medicaid. The aggregate amount of payments for related facility services, furnished in a hospital on an outpatient basis, is equal to the lesser of:

Revision: HCFA-PM-91-4  
August 1991

(BPD)

Supplement 1 to ATTACHMENT 4.19.B  
Page 2  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

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QMBs:	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
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	Part B	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
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Other	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
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Medicaid  
Recipients

	Part B	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
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Dual	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
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Eligible  
(QMB Plus

	Part B	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
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TN No. 02-004

Supersedes

TN No. 91-19

Approval Date \_\_\_\_\_

Effective Date 5-1-02

HCFA ID: 7982E